

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 56249

Title: Safety, Feasibility and Short-term Outcomes of Early Oral Feeding after Laparoscopic Radical Total Gastrectomy in Patients with Gastric Cancer: A Prospective Cohort Study in China

Reviewer's code: 05085948

Position: Associate Editor

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-05-13 05:17

Reviewer performed review: 2020-05-14 13:04

Review time: 1 Day and 7 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The quality of the article is good but, due to the ERAS protocol is a well-known topic in gastric surgery, somewhat newer is to be written. Since the current controversies about the adoptance of ERAS protocol in gastric surgery, I reckon a strictly assessment of the patient is mandatory. Among the ERAS criteria, malnourishing status plays a crucial role in choosing an early oral feeding after total gastrectomy; in order to better understand the role of an early oral feeding in preventing anastomotic leakage, that is the major complication after total gastrectomy, I think a mention about the nutrition state of gastric cancer patients is almost required.

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Manuscript NO: 56249

Title: Safety, Feasibility and Short-term Outcomes of Early Oral Feeding after Laparoscopic Radical Total Gastrectomy in Patients with Gastric Cancer: A Prospective Cohort Study in China

Reviewer's code: 03766596

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

As the authors describe in the introduction and discussion parts, there have been similar studies on this topic. Their conclusion that early oral feeding after total gastrectomy is safe and should be encouraged is not new. However, this study has some strengths such as prospective, moderate sample size, and detailed laboratory examinations. Thus, the authors should clearly describe how the present research has overcome the limitations of the previous studies.

1. This study is a cohort study, not a randomized controlled trial. Please describe how the participants were allocated to EOF group or Control group.
2. In comparison of quantitative data, the authors always used Student's t-test. If some of the data had nonparametric distribution, other statistical methods such as Mann-Whitney U-test should be alternatively used. Also, paired tests should be used properly.
3. In table 3 and table 4, the total numbers of "tolerance of oral feeding after surgery" and "postoperative complications" are just the sum of the numbers of each component. Is there no overlap (e.g. a patient experiencing two or more complications)?
4. Table 5 and table 6 should be simpler. Odds ratios, confidence intervals and p-values will be all that we need. When describing odds ratios, please make it clear which is the denominator and which is the numerator.
5. The authors express some of the p-values as " $p > 0.05$ ". It will be better to represent the actual p-values. Also, " $p = 0.000$ " should be revised as " $p < 0.001$ ".
6. In the discussion part, the authors repeated the background of their study, which already appeared in the introduction part. Discussion should be focused on what they found and learned, and comparison with previous evidence.